

NEW MEXICO OIL CONSERVATION COMMISSION

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U.S.G.S.	
LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease
 State Fee
 5. State Oil & Gas Lease No.
B-158

SUNDRY NOTICES AND REPORTS ON WELLS
 (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR.
 USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator TEXACO Inc.	8. Farm or Lease Name N.M. 'BZ' St. NCT-8
3. Address of Operator P.O. Box 726, Hobbs, New Mexico 88240	9. Well No. 10
4. Location of Well UNIT LETTER P , 660 FEET FROM THE South LINE AND 660 FEET FROM THE East LINE, SECTION 16 TOWNSHIP 23-S RANGE 37-E NMPM.	10. Field and Pool, or Wildcat Langlie Mattix Seven Rivers Queen
15. Elevation (Show whether DF, RT, GR, etc.) 3304' GR	12. County Lea

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
 NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER Change of Status <input checked="" type="checkbox"/>

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

Please change the status on subject well from pumping to SI-0 (Shut-In Oil) effective December 1, 1973.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED [Signature] TITLE **Asst. Dist. Supt.** DATE **12-17-73**

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: